EXHIBIT J

Estate of Hernan McLean

VCF Documentation

September 11th
Victim Compensation Fund

April 26, 2017

MICHELLE MCLEAN
[redacted]

Dear MICHELLE MCLEAN:

The September 11th Victim Compensation Fund ("VCF") previously sent you an Eligibility determination letter on January 06, 2016. Your claim number is VCF0011081.

The letter included the reason(s) your claim was deemed ineligible for compensation. You then amended your claim and provided additional information not previously submitted to the VCF.

The VCF has considered your amended claim and reviewed the new information you provided and has determined that you meet the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, you have been found eligible for the following injuries:

- ALLERGIC RHINITIS
- NON-HODGKIN'S LYMPHOMA AND RELATED PHYSICAL CONDITIONS: GERD

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, an injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or loss calculation.

What Happens Next

If you have been certified for treatment by the WTC Health Program for a condition not listed above, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.

If you believe you have eligible injuries that are not being treated by the WTC Health Program and you would like the VCF to consider those injuries before calculating your award, you should amend your claim. If you choose to amend your claim, making an appointment with the WTC Health Program and seeking certification for your condition is the best way to get the

September 11th
Victim Compensation Fund

necessary evidence that you have an eligible condition for purpose of obtaining compensation from the VCF.

If you do not have injuries other than those listed above, you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya
Special Master
September 11th Victim Compensation Fund

cc: WENDELL TONG

September 11th
Victim Compensation Fund

December 2, 2020

MICHELE MCLEAN
[redacted]

Re: CLAIM NUMBER: VCF0011081

Dear MICHELE MCLEAN:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on August 20, 2018 notifying you of the award determination on your claim.

You then amended your claim to request additional losses. The VCF has considered your amended claim and reviewed the new information you provided. This letter sets forth the revised award and supersedes and replaces all previous letters.

After reviewing the responses in your claim form, the documents you submitted in support of your claim, and information from third-party entities, the VCF has calculated the amount of your award as [redacted] This determination is in accordance with the requirements of the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act ("VCF Permanent Authorization Act"). The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions that were considered when calculating your award.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

What Happens Next

You have already received a payment of $908,837.00. You are now entitled to an additional payment of [redacted] This amount is equal to the difference between your revised total award and the amount that has already been paid on your claim.

The VCF will deem this award to be final and will begin processing the full payment on your claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization

document you submitted to the VCF.

- **Appealing the Award**: You may request a hearing before the Special Master or her designee if you believe the amount of your award was erroneously calculated, or if you believe you can demonstrate extraordinary circumstances indicating that the calculation does not adequately address your loss. **If you choose to appeal, your payment will not be processed until your hearing has been held and a decision has been rendered on your appeal**.

  To appeal the award, you must complete two steps by the required deadlines:

  1. Complete and return the enclosed **Compensation Appeal Request Form** within **30 days from the date of this letter**. Follow the instructions on the form and upload it to your claim or mail it to the VCF by the required deadline. If you do not submit your completed Compensation Appeal Request Form within 30 days of the date of this letter*, you will have waived your right to an appeal* and the VCF will begin processing any payment due on your claim.
  2. Complete and submit your **Compensation Appeal Package** (Pre-Hearing Questionnaire, Compensation Explanation of Appeal, and all applicable supporting documents) no later than **60 days from the date of this letter**. It is important that you carefully review the information enclosed with this letter and follow the instructions if you intend to appeal your award. Additional instructions on the appeals process can be found on the VCF website under “Frequently Asked Questions” and in the Policies and Procedures available under “Forms and Resources.”

  Once your complete Compensation Appeal Package is submitted, the VCF will review the information to confirm you have a valid appeal, and will notify you of the next steps specific to your appeal and the scheduling of your hearing.

- **Notifying the VCF of new Collateral Source Payments**: You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the “Collateral Offset Update Form” found under “Forms and Resources” on the www.vcf.gov website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0011081**. For the hearing impaired, please call 1-

September 11th
Victim Compensation Fund

855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya
Special Master
September 11th Victim Compensation Fund

cc: WENDELL TONG

September 11th
Victim Compensation Fund

Award Detail

Claim Number: VCF0011081
Decedent Name: HERNAN MCLEAN

PERSONAL INJURY CLAIM (Losses up to Date of Death)	
Lost Earnings and Benefits	
Loss of Earnings including Benefits and Pension	[redacted]
Mitigating or Residual Earnings	$0.00
Total Lost Earnings and Benefits	[redacted]
Offsets Applicable to Lost Earnings and Benefits	
Disability Pension	$0.00
Social Security Disability Benefits	[redacted]
Workers Compensation Disability Benefits	$0.00
Disability Insurance	$0.00
Other Offsets related to Earnings	$0.00
Total Offsets Applicable to Lost Earnings	[redacted]
Calculated Lost Earnings and Benefits after Offsets	[redacted]
Total Lost Earnings and Benefits Awarded	$0.00
Other Economic Losses	
Medical Expense Loss	$0.00
Replacement Services	$0.00
Total Other Economic Losses	$0.00
Total Economic Loss	$0.00
Total Non-Economic Loss	[redacted]
Subtotal Award for Personal Injury Claim	[redacted]

September 11th
Victim Compensation Fund

DECEASED CLAIM (Losses from Date of Death)	
Loss of Earnings including Benefits and Pension	[redacted]
Offsets Applicable to Lost Earnings and Benefits	
Survivor Pension	[redacted]
SSA Survivor Benefits	[redacted]
Worker's Compensation Death Benefits	$0.00
Other Offsets related to Earnings	$0.00
Total Offsets Applicable to Loss of Earnings and Benefits	[redacted]
Calculated Lost Earnings and Benefits after Offsets	[redacted]
Total Lost Earnings and Benefits Awarded	$0.00
Other Economic Losses	
Replacement Services	[redacted]
Burial Costs	[redacted]
Total Other Economic Losses	[redacted]
Total Economic Loss	[redacted]
Non-Economic Loss	
Non-Economic Loss - Decedent	[redacted]
Non-Economic Loss - Spouse/Dependent(s)	[redacted]
Total Non-Economic Loss	$550,000.00
Additional Offsets	
Social Security Death Benefits	[redacted]
Life Insurance	[redacted]
Other Offsets	$0.00
Total Additional Offsets	[redacted]
Subtotal Award for Deceased Claim	[redacted]

September 11th
Victim Compensation Fund

Subtotal of Personal Injury and Deceased Claims	[redacted]
PSOB Offset	$0.00
Prior Lawsuit Settlement Offset	$0.00
TOTAL AWARD	[redacted]
Factors Underlying Economic Loss Calculation	
Annual Earnings Basis (without benefits)	[redacted]
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	100.00%
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	04/15/2008

Eligible Conditions Considered in Award
Allergic Rhinitis
Non-hodgkin's Lymphoma and Related Physical Conditions: Gerd

September 11th Victim Compensation Fund Claim

Claimant Michele McLean, as Personal Representative For The Estate of Hernan McLean

VCF0011081

Cause of Death Summary

Summary

In June 2009, decedent was diagnosed with Stage IV lymphoma. He died five months later, on November 12, 2009, at the age of 51.

Medical records establish cause of death was Stage IV Lymphoma

The attached medical records indicate that decedent received treatment for lymphoma up until his death.

Client was diagnosed with Stage IV lymphoma in June 2009. See pathology report (attachment pages 1-3). He died less than 5 months later, on November 12, 2009.

A PET scan dated July 29, 2009 indicates:

> "50-year old man with newly diagnosed lymphoma"
>
> See PET scan report (attachment pages 4-6).

Dr. Hymes's office visits, from July 2009 September 2009 indicate claimant's treatment for Stage IV lymphoma (attachment pages 7-15).

On October 16, 2009, less than a month before he died, claimant underwent surgery. The operative report indicates:

> "PREOPERATIVE DIAGNOSIS: Diffuse T-cell lymphoma with perforation of the small intestine"
>
> See operative report (attachment page 16)

A hematopathology report dated November 10, 2009, two days before claimant died, indicates claimant was still receiving treatment for Stage IV lymphoma (attachment pages 17-18).

Attached with this summary are medical excerpts for the VCF's convenience and review.

Conclusion

The medical records from Dr. Kenneth Hymes leading to decedent's death on November 12, 2009 establish that decedent was extremely sick as a result of Stage IV Lymphoma and he died from Stage IV Lymphoma.

Dated: February 24, 2017

Respectfully submitted,

Ina Pecani, Esq.
SULLIVAN PAPAIN BLOCK
MCGRATH & CANNAVO P.C.
120 Broadway, 18th Floor
New York, NY 10271
Main (212) 732-9000
Direct (212) 266-4142
ipecani@triallaw1.com

EMORY MEDICAL LABORATORY
at Emory University Hospital
1364 Clifton Rd.NE, Atlanta, GA 30322
Phone: 404-712-LABS Fax: 404-712-0828

EML

Patient: MCLEAN, HERNAN
Age: 50 YRS Sex: M DOB: [redacted]
Patient Number: (4348)000384245
Financial Number: 01541114-9175
Room/Bed: SPEC PT: S
Admitting Physician: SEQUEIRA, JUDY
Ordering Physician: SEQUEIRA, JUDY

Accession Number: OH-09-19944
Date Collected: 06/03/09
Date Received: 06/03/09
Date Printed: JUL 30 2009

SURGICAL PATHOLOGY CONSULTATION REPORT

DIAGNOSIS:

1. TERMINAL ILEUM AND COLON (BIOPSIES; OSC# S09-3457, ROCKDALE MEDICAL CENTER, CONYERS, GEORGIA; 5/29/09):
   - T-CELL LYMPHOPROLIFERATIVE DISORDER.
   - SEE COMMENT.

3. SMALL BOWEL AND STOMACH (BIOPSIES; OSC# S09-3521, ROCKDALE MEDICAL CENTER, CONYERS, GEORGIA; 6/2/09):
   - T-CELL LYMPHOPROLIFERATIVE DISORDER.
   - SEE COMMENT.

Verified:06/11/09
KPM:CAD

Karen P. Mann, M.D.
(Electronic Signature)

COMMENT:
Precise subclassification of this process is difficult. The differential diagnosis is between peripheral T-cell lymphoma, not otherwise specified and a rare disorder: CD4+ T-cell lymphoproliferative disorder involving the GI tract (Gut 1999;45:662-667, Dig Dis Sci 2004; 49:551-555). The latter disorder is considered to be a low-grade T-cell lymphoma, and the rare patients described in the literature were treated with systemic chemotherapy.

The immunophenotype does not support a diagnosis of enteropathy associated T-cell lymphoma or other specific subtypes of T-cell lymphoma. Evaluation for systemic disease is recommended. Clinical correlation is recommended

Gene rearrangement studies performed on the small bowel biopsy (S-09-3521-A) and reportedly separately (see MD-09-00628) demonstrate clonal rearrangement of the T cell receptor gamma. Gene rearrangement studies on the terminal ileum biopsy (S09-3457-A) are being repeated as the results are inconclusive. The presence of a positive gene rearrangement does not differentiate between the two above entities.

Physician's Copy

Copy for: SEQUEIRA, JUDY

EMORY MEDICAL LABORATORY
at Emory University Hospital
1364 Clifton Rd.NE, Atlanta, GA 30322
Phone: 404-712-LABS Fax: 404-712-0828

EML

Patient: MCLEAN, HERNAN
Patient Number: (4348)000384245

Accession Number: OH-09-19944

SURGICAL PATHOLOGY CONSULTATION REPORT

COMMENT:
Thank you for sharing this very interesting and challenging case with us in consultation.

Concurring: Dr. Shiyong Li

SPECIMEN:
PART 1: SMALL BIOPSY, GASTRIC BIOPSY

CLINICAL HISTORY:
Diarrhea, rule out enteritis.

MATERIAL RECEIVED:
MATERIAL RECEIVED FROM ROCKDALE MEDICAL CENTER
DEPARTMENT OF PATHOLOGY
1412 MILSTEAD AVENUE, N.E.
CONYERS, GA 30012

S09-3457 SLIDES (12), (2) BLOCKS & REPORT
S09-3521 SLIDES (6), (2) BLOCKS & REPORT

MICROSCOPIC DESCRIPTION:
S09-3457:
The terminal ileum biopsy (specimen A) demonstrates a dense infiltrate of small lymphocytes that expand the lamina propria and, in areas, extend into the surface epithelium. Lymphocytes infiltrate glandular epithelium. The majority of the lymphocytes are small with scattered larger cells. Occasional eosinophils, plasma cells, and neutrophils are admixed.

Sections from the colon (specimen B) demonstrate preserved colonic architecture with dense infiltration of the lamina propria by small lymphocytes with minimal extension into the glandular epithelium. Some of the glandular elements show neutrophilic infiltration, and a single crypt abscess is identified. The subepithelial collagen layer is not thickened.

Immunostains performed by Rockdale Medical Center on both specimens demonstrate similar findings. The lymphoid cells stain as phenotypic T-cells (CD3 and CD43 positive, CD20 negative). CD20 highlights germinal center cells.

(2)

EMORY MEDICAL LABORATORY
at Emory University Hospital
1364 Clifton Rd.NE, Atlanta, GA 30322
Phone: 404-712-LABS Fax: 404-712-0828

EML

Patient: MCLEAN, HERNAN
Patient Number: (4348)000384245

Accession Number: OH-09-19944

MICROSCOPIC DESCRIPTION:

S09-3521:
The small bowel biopsy (specimen A) demonstrates blunting of the villi, although the glandular architecture appears relatively intact. The lamina propria is densely infiltrated by small lymphocytes similar to what are described above with occasional foci of lymphocytes infiltrating the epithelium.

The gastric biopsy (specimen B) shows a similar expansion of the lamina propria by small lymphocytes.

Alcian yellow stains performed by Rockdale Medical Center on both biopsies are negative for H. pylori-like organisms.

Additional immunohistochemical staining is performed on the small bowel biopsy to further characterize the infiltrate. The lymphocytes stain as T-cells (CD3 positive, CD5 weakly positive) and coexpress CD4.
The lymphoid cells are negative for CD20, CD8, CD56, TIA-1, and EBV-LMP1. EBV in situ hybridization directed against EBER is negative.

Fellow: Kyle Bradley, M.D.

The pathologist has reviewed and interpreted the case with the resident/fellow.

ICD-9 CODES:
202.80

SPECIAL STAINS:

CD4	DONE
CD8	DONE
L-26	DONE
CD3	DONE
EBV	DONE
CD56 N-CAM	DONE
CD5	DONE
EBV ISH (88365)	DONE
TIA-1	DONE

Physician's Copy

Copy for: SEQUEIRA, JUDY

NYU Medical Center
NYU Imaging
School of Medicine and Hospitals Center

NYU CLINICAL CANCER CENTER
160 East 34th Street
New York,NY 10016

Breast Imaging - 3rd Floor
Tel: (212) 731-5002
Fax: (212) 731-5554

Diagnostic Imaging - 2nd Floor
Tel: (212) 731-5001
Fax: (212) 731-5567

KENNETH HYMES
160 EAST 34TH STREET 7TH FLOOR
NEW YORK, NY 10016-

RE: MCLEAN, HERNAN

[redacted] 1482168
EMPI/MRN: 000300612875/~~1783891~~
ACC: 4849760
DOS: 07/29/2009

Final Report

AUG 10 2009

Dear Doctor:

The following is a radiologic consultation on your patient.

PET/CT IMAGING LYMPHOMA W/O IVC Completed on: 07/29/2009

RESULT:
HISTORY:

50-year-old man with newly diagnosed lymphoma, histology not specified. Staging.

TECHNIQUE:

Approximately 60 min post 14.6 mCi of 18F-FDG IV in the left AC, images were obtained from vertex to the mid thighs. Preinjection glycemia was 111 mg/dL. Oral contrast was given per protocol. IV contrast was not given. Reported values are SUV-max.

COMPARISON:

No previous transaxial imaging available.

SOFT TISSUE FINDINGS:

Head and neck:

There is normal FDG activity throughout the head and in the neck.

Chest:

There is normal FDG activity throughout the chest.

(4)

NYU Medical Center
NYU Imaging
School of Medicine and Hospitals Center

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160 East 34th Street
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KENNETH HYMES
160 EAST 34TH STREET 7TH FLOOR
NEW YORK, NY 10016-

RE: MCLEAN, HERNAN

DOB: 10/27/1958
EMPI/MRN: 000300612875/~~1783891~~ 1782168
ACC: 4849760
DOS: 07/29/2009

On CT, no suspicious pulmonary nodules, no size significant nodes.

Abdomen and pelvis:

There is normal FDG activity throughout the abdomen and pelvis.

On CT, there are innumerable subcentimeter, mesenteric lymph nodes. Small subcentimeter retrocrural nodes. None of these are significant by size criteria however their number may be increased. Prominent right adrenal. Liver, spleen, kidneys, left adrenal, and pancreas are unremarkable.

SKELETAL FINDINGS:

Minimal metabolic heterogeneity is identified throughout the red marrow particularly in the spine. There is evidence of mild increased uptake in the proximal marrow of the long bones, of uncertain clinical significance.

No aggressive osseous lesions are seen on CT.

IMPRESSION:

No evidence of a high grade, FDG-avid lymphoma this study. Multiple non avid mesenteric and retrocrural nodes, not significant by size criteria but numerous, could be related to low-grade follicular lymphoma. Metabolic marrow heterogeneity and mild activation, uncertain clinical significance. Correlate with histopathologic results.

Thank you for the courtesy of this referral.

I, Alexandra Seltzer, MD, have personally reviewed these images and agree with this report.

Thank you for referring this patient for consultation.

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NYU Medical Center
NYU Imaging
School of Medicine and Hospitals Center

NYU CLINICAL CANCER CENTER
160 East 34th Street
New York,NY 10016

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Tel: (212) 731-5001
Fax: (212) 731-5567

KENNETH HYMES
160 EAST 34TH STREET 7TH FLOOR
NEW YORK, NY 10016-

RE: MCLEAN, HERNAN

DOB: 10/27/1958 1782168
EMPI/MRN: 000300612875/~~1783891~~
ACC: 4849760
DOS: 07/29/2009

Sincerely yours,

STEPHAN PROBST M.D.

SELTZER M.D., ALEXANDRA

This report has been electronically signed.

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AUG 04 2009

NYU Medical Center NYUCancerInstitute

NYU CLINICAL CANCER CENTER
160 E. 34th Street, New York, NY 10016

OUTPATIENT CONSULTATION

PATIENT NAME: MCLEAN, HERNAN K
PATIENT MRN: ~~1783891~~ 1782168
DATE of VISIT: 07/16/2009

REASON FOR CONSULTATION:
Evaluation of small bowel T-cell lymphoma

REFERRING PHYSICIAN:
Jonathan Rosenberg, MD
530 First Avenue
New York, New York 10016

CONSULTING PHYSICIAN:
Kenneth B. Hymes MD

HISTORY:
The patient is a 50-year-old African-American man who presented to hospital in Georgia in April 2009 with a 6 month history of diarrhea. He was initially treated with Flagyl and Cipro. The symptoms improved somewhat, however, in May 2009 he can presented with severe diarrhea, dehydration, and renal failure. He was treated with intravenous fluid resuscitation and steroids. A endoscopy was performed. There was no description of ulcerative lesions or masses in the small bowel. A biopsy showed a lymphocytic infiltrate which was initially diagnosed as lymphocytic colitis. Subsequent immuno pathologic studies showed an infiltration of T lymphocytes which were CD4 positive and TCR gamma restricted. Large cells were not noted. The patient significantly improved following treatment with steroids and institution of a gluten free diet. He had lost 40 pounds over the course of this illness however has regained some of this weight he also complains of night sweats. He had no pruritus or self-discovered lymphadenopathy. He had no previous history of gluten sensitivity. He has had complaints of left-sided abdominal pain increased when eating or defecation. He has no history of melena or hematochezia.

REVIEW OF SYSTEMS:
A complete review of systems is performed. Pertinent positives are as noted. The patient still has peripheral edema following his hospitalizations, however, this improving. His renal function was said to return to normal. There is no history of renal stones or urinary tract infections. There was no history of glomerulonephritis.

PAST MEDICAL HISTORY:
Past Medical History: Positive for hypertension and hyperlipidemia; no history of diabetes
Past Surgical History: History of gunshot wound with residual blood fragments and back. History of skin graft

MEDICATIONS:
Prednisone, clonidine, sodium bicarbonate, Lomotil, Lipitor

ALLERGIES:

Dictated by: Kenneth Hymes

DICTATED: 07/31/2009 08:34:27
TRANSCRIBED: 07/17/2009 15:37:08

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NYU Cancer Institute

PATIENT NAME: MCLEAN, HERNAN K
MRN: ~~1783891~~ 1782168
No known drug allergies

FAMILY HISTORY:
Family history is positive for diabetes, breast cancer, throat cancer, hypertension, anemia. There is no family history leukemia, lymphoma, Hodgkin's disease, autoimmunity, or sprue

SOCIAL HISTORY:
The patient is a former cigarette smoker he discontinued smoking recently, he no longer drinks alcohol, he is a retired New York City police detective.

HEALTH MAINTENANCE:
Colonoscopy 2009, rectal examination 2009

PHYSICAL EXAM:

GENERAL: Well-developed, well-nourished African-American man in no acute distress

VITAL SIGNS: BP 1/30/1980 pulse 72 respirations 16, weight 174 pounds

SKIN: No lesions

HEENT: Normocephalic, atraumatic, PERRL EOMI no oral ulcerations, thrush, icterus, pallor, or enlargement of the lymphoid structures of Waldeyer's ring

NECK: Supple, no JVD,bruits or thyroid enlargement

LUNGS: Clear to IPPA

HEART: Regular rate and rhythm without murmur, rub, or gallop

LYMPH NODES: No palpable peripheral lymph nodes

ABDOMEN: Bowel sounds present, no palpable hepatosplenomegaly, masses, or fluid wave; there is tenderness on deep palpation the left lower quadrant left upper quadrant of the abdomen

EXTREMITIES: There is 3+ edema lower extremities to the knees. No clubbing or cyanosis is present

NEUROLOGICAL: Nonfocal

LABS:

WBC of 1100, hemoglobin 11.4, hematocrit 35.4, MCV 93, platelets 240,000
White blood cell differential 75 segs, 13 lymphs, 10 monocytes
Comprehensive metabolic profile is remarkable for glucose 151, BUN 21, 0.9, albumin 2.5, LDH in 06, alkaline phosphatase 133, ALT 105, AST 51
The serum iron is 76, iron binding capacity 248, saturation 31%,

DICTATED: 07/31/2009 08:34:27
TRANSCRIBED: 07/17/2009 15:37:08

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NYU Cancer Institute

PATIENT NAME: MCLEAN, HERNAN K
MRN: ~~1783891~~ 1782168

IMPRESSION:
1. Small cell lymphocytic infiltrate of the small bowel with CD4 positive clonally restricted lymphocytes. This is not typical of enterohepatic T-cell lymphoma in that the cells are not large and that the gross description on endoscopy did not include ulcerated tumor nodules. This may represent a low-grade or reactive T-cell lymphoproliferative process. This is an important distinction, since the large cell enteropathic lymphoma requires treatment with aggressive multiagent chemotherapy and possibly peripheral blood stem cell transplantation. There are case reports of the the small cell very and this lymphoma responding to less aggressive treatment.
2. Renal failure probably and hemodynamic basis, improved

PLAN:
1. Will have the original biopsy slides reviewed
2. Bone marrow biopsy
3. Total body PET CT scanning
3. Continue gluten free diet and steroid taper. At the conclusion of the steroid taper, should the patient remain asymptomatic, I would suggest repeating an endoscopy and colonoscopy to see if the lymphocytic infiltrate has changed in appearance or density

Thank you for asking me to see this fascinating patient in consultation.

Addendum:

Biopsies were reviewed in the NYU hematopathology department. This confirmed the diagnosis of a T-cell lymphoproliferative process. Comprised of intense small lymphocytic infiltrate extending from the lamina propria into areas of the epithelium.

Peripheral blood for flow cytometry showed no immunophenotypic evidence of lymphoma. Molecular studies for the T-cell receptor gamma changing rearrangements were positive.

A PET/CT scan was performed. This showed no evidence of high-grade FDG avid lymphoma. Multiple non- avid mesenteric and retrocrural lymph nodes were noted.

The recommendations remain as stated above

Kenneth B. Hymes, M.D.
Associate Professor of Medicine
212-731-5189 - Phone
212-731-5540 - fax

Document authenticated by Kenneth B. Hymes, M.D., on 07/31/2009 08:34:28 ET

DICTATED: 07/31/2009 08:34:27
TRANSCRIBED: 07/17/2009 15:37:08

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NYU Cancer Institute
NYU LANGONE MEDICAL CENTER

AUG 17 2009

NYU CLINICAL CANCER CENTER
160 E. 34th Street, New York, NY 10016

OFFICE VISIT

PATIENT NAME: MCLEAN, HERNAN
MRN: ~~1783891~~ 1782168
DATE OF VISIT: 08/13/2009

DIAGNOSIS:
Enteropathic T-cell lymphoma

STAGE:
IV

DISEASE SITES:
Gastrointestinal

TREATMENT:
Prednisone

COMPLAINTS:
The patient has been on prednisone taper. He has recently decreased dose from 40 to 20 mg. He may have noted an increase in his diarrhea. He has no complaints of worsening peripheral edema. He has no shortness of breath or cough. His appetite is good. He denies fevers, chills, or abdominal pain.

OTHER MEDICAL PROBLEMS:
As free of renal failure; resolved

REVIEW OF SYSTEMS:
A complete review of systems is performed. Pertinent positives are as noted.

MEDICATIONS:
Prednisone

FAMILY HISTORY and SOCIAL HISTORY:
Unchanged

PHYSICAL EXAM:

SKIN: no lesions

HEENT: Normocephalic, atraumatic, PERRL EOMI no oral ulcerations, thrush, icterus, pallor, or enlargement of the lymphoid structures of Waldeyer's ring

NECK: Supple, no JVD,bruits or thyroid enlargement

Dictated by: Kenneth Hymes

DICTATED: 08/14/2009 09:59:18
TRANSCRIBED: 08/14/2009 09:46:57

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PATIENT NAME: MCLEAN, HERNAN
MRN: ~~1783891~~ 1782168

CHEST: Clear to IPPA

HEART: Regular rate and rhythm without murmur, rub, or gallop

LYMPH NODES: No palpable peripheral lymph nodes

BREASTS: normal male

ABDOMEN: Bowel sounds present, no palpable hepatosplenomegaly, masses, tenderness, or fluid wave

BACK/RIBS: nontender

EXTREMITIES: 2+ edema to midcalf

NEUROLOGICAL: nonfocal

LABS:
WBC 11,300 hemoglobin 13.1, hematocrit 41.8, platelets 235,000
Creatinine 1.0 LDH 897

IMPRESSION:

1. Enteropathic T-cell lymphoma. There is a partial response to prednisone. Is not clear if the recurrence of diarrhea is due to tapering of prednisone or interruption of the treatment.

PLAN:

1. Continue prednisone taper
2. To call if he develops fever or worsening diarrhea
3. Follow-up with Dr. Rosenberg.

Kenneth B. Hymes, M.D.
Associate Professor of Medicine
212-731-5189 - Phone
212-731-5540 - fax

Document authenticated by Kenneth B. Hymes, M.D., on 08/14/2009 09:59:19 ET

DICTATED: 08/14/2009 09:59:18
TRANSCRIBED: 08/14/2009 09:46:57

11

NYU Cancer Institute
NYU LANGONE MEDICAL CENTER

NYU CLINICAL CANCER CENTER
160 E. 34th Street, New York, NY 10016

OFFICE VISIT

PATIENT NAME: MCLEAN, HERNAN
MRN: ~~1783891~~ 1782168
DATE OF VISIT: 09/03/2009

DIAGNOSIS:
Enteropathic T-cell lymphoma

~~SEP 09 2009~~ SEP 08 2009

STAGE:
IV

DISEASE SITES:
Gastrointestinal

TREATMENT:
Prednisone

COMPLAINTS:
The patient has been on prednisone taper. He has continued on 20 mg/d. He has an increase in his diarrhea and abdominal bloating. He has no complaints of worsening peripheral edema. He has no shortness of breath or cough. His appetite is good. He denies fevers, chills; he has minimal abdominal pain.

OTHER MEDICAL PROBLEMS:
Previous history of renal failure; resolved

REVIEW OF SYSTEMS:
A complete review of systems is performed. Pertinent positives are as noted.

MEDICATIONS:
Prednisone

FAMILY HISTORY and SOCIAL HISTORY:
Unchanged

PHYSICAL EXAM:

SKIN: no lesions

HEENT: Normocephalic, atraumatic, PERRL EOMI no oral ulcerations, thrush, icterus, pallor, or enlargement of the lymphoid structures of Waldeyer's ring

NECK: Supple, no JVD,bruits or thyroid enlargement

Dictated by: Kenneth Hymes

DICTATED: 09/04/2009 17:18:13
TRANSCRIBED: 09/04/2009 17:15:00

12

PATIENT NAME: MCLEAN, HERNAN
MRN: ~~1783891~~ 1782168

CHEST: Clear to IPPA

HEART: Regular rate and rhythm without murmur, rub, or gallop

LYMPH NODES: No palpable peripheral lymph nodes

BREASTS: normal male

ABDOMEN: Bowel sounds present, no palpable hepatosplenomegaly, masses, tenderness, or fluid wave; the abdomen is mildly distended

BACK/RIBS: nontender

EXTREMITIES: 1+ edema to midcalf

NEUROLOGICAL: nonfocal

LABS:
WBC both 1700 hemoglobin 11, hematocrit 35, platelets 203,000

IMPRESSION:

1. Enteropathic T-cell lymphoma. These symptoms of diarrhea abdominal discomfort recurring with reduction in the dose of prednisone

PLAN:

1. Increase prednisone to 30 mg daily
2. To call if he develops fever or worsening diarrhea
3. Follow-up with Dr. Rosenberg for colonoscopy, upper endoscopy, and enteroscopy.

Kenneth B. Hymes, M.D.
Associate Professor of Medicine
212-731-5189 - Phone
212-731-5540 - fax

Document authenticated by Kenneth B. Hymes, M.D., on 09/04/2009 17:18:14 ET

DICTATED: 09/04/2009 17:18:13
TRANSCRIBED: 09/04/2009 17:15:00

13

MR 1783891 1782168

NEW YORK UNIVERSITY HOSPITALS CENTER
Tisch Hospital, Department of Pathology
Hematopathology Laboratory
Molecular Diagnostics Laboratory
560 First Avenue, TH 338, New York, NY 10016
(212) 263-5967, Fax (212) 263-7712

HEMATOPATHOLOGY REPORT

PATIENT:	**MCLEAN, HERNAN**	**ACCESSION #:**	**HP-09-03867**
Address:	45 HERITAGE POINTE DRIVE Covington, GA 30016 Home:845-401-0652	**Med. Rec. #:**	1782168
		Patient Type:	Inpatient
Birthdate:	10/27/1958 **Age:** 51 **Sex:** M	**Date Accessioned:**	11/11/2009
Ref. Physician:	MARY ANN HOPKINS, MD	**Date of Procedure:**	11/10/2009
Copy To:	KENNETH HYMES, M.D. 160 EAST 34TH STREET SEVENTH FLOOR NEW YORK NY, 10016 Phone: 212-731-5189 Fax: 212-731-5540	**Copy To:**	KENNETH HYMES,

DEC 11 2009

SPECIMENS:
1. BRONCHUS, PULMONARY PLUG

FLOW CYTOMETRY REPORT

INTERPRETATION:

- LIMITED SAMPLE WITH NO DEFINITIVE IMMUNOPHENOTYPIC EVIDENCE OF NON-HODGKIN T CELL LYMPHOMA.
- RECOMMEND CORRELATION WITH CYTOLOGIC/HISTOLOGIC PREPARATIONS AND CLINICAL FINDINGS.

CLINICAL HISTORY:
History of T cell lymphoma and cardiac arrest.

VIABILITY AND ANALYSIS:
The specimen has a viability of 100%. The number of cells recovered is less than 0.01×10^6.

IMMUNOPHENOTYPE:
Due to limited nature of the sample a limited panel of markers was tested by flow cytometry. Small number of T cells expressing CD3 is identified. The T-cell population expresses pan-T cell antigens (CD2, CD3, CD5 and CD7) in a non-aberrant fashion. The CD4/CD8 ratio is reduced.

ANTIBODIES TESTED:

T-Cells:
CD2, CD3, CD4, CD5, CD7, CD8

The electronic signature attests that the named Attending Pathologist has evaluated the specimen referred to in the signed section of the report and formulated the diagnosis therein.

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NEW YORK UNIVERSITY HOSPITALS CENTER
Tisch Hospital, Department of Pathology
Hematopathology Laboratory
Molecular Diagnostics Laboratory
560 First Avenue, TH 338, New York, NY 10016
(212) 263-5967, Fax (212) 263-7712

PATIENT: **MCLEAN, HERNAN** **ACCESSION #:** **HP-09-03867**

Miscellaneous:
CD45

Flow Cytometry Interpretation performed by
Filiz Sen MD
Electronically signed 11/12/2009 3:15:13PM

The electronic signature attests that the named Attending Pathologist has evaluated the specimen referred to in the signed section of the report and formulated the diagnosis therein.

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NYUHC Operative Report (Scanned) - 1782168 - MCLEAN, HERNAN

NYU Medical Center

NYU HOSPITALS CENTER
Tisch Hospital
Rusk Institute of Rehabilitation Medicine

201079769

PATIENT NAME: MCLEAN, HERNAN
MRN: 1782168
DOB: [redacted]
DATE OF OPERATION: 10/16/09

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Diffuse T-cell lymphoma with perforation of the small intestine.

POSTOPERATIVE DIAGNOSIS: Diffuse T-cell lymphoma with perforation of the small intestine.

OPERATIONS: Exploratory laparoscopy converted to laparotomy with small bowel resection, gastric tube placement, duodenostomy tube placement and small bowel jejunostomy creation.

SURGEON: Mary Ann Hopkins, M.D.

ASSISTANT(S): Michael Sadec

TYPE OF ANESTHESIA: General endotracheal.

FINDINGS: Diffuse T-cell lymphoma with perforation of the small intestine.

INDICATIONS: This is a 50-year-old male with a history of an aggressive T-cell lymphoma and a perforated small intestine by CAT scan. The risks, benefits and alternatives of the procedure were explained to the patient. These included bleeding and infection as well as injury to adjacent structures such as the intestinal tract and urinary system. He understood these risks, benefits and alternatives and agreed to the procedure.

PROCEDURE: After the induction of general endotracheal anesthesia, the patient was prepped and draped in the usual sterile fashion. An infraumbilical incision was made and carried down to the anterior rectus sheath, which was then incised under direct visualization. The posterior sheath and peritoneum were identified and the abdominal cavity was entered without injury to underlying structures. A #10 Hasson trocar was then placed into the abdomen, which was then insufflated to a pressure of 15 mmHg. Two additional 5-mm trocars were then placed in the midline. Bowel graspers were then used to identify the area of induration, which appeared to be in the left upper quadrant. However, the dissection was too difficult to continue laparoscopically

DICTATED: 10/22/2009 16:06:45
DICTATED BY: Mary Ann Hopkins, M.D.
TRANSCRIBED: 10/22/2009 18:54:36

10

MR 178329 / 1782168

NEW YORK UNIVERSITY HOSPITALS CENTER

Tisch Hospital, Department of Pathology
Hematopathology Laboratory
Molecular Diagnostics Laboratory
560 First Avenue, TH 338, New York, NY 10016
(212) 263-5967, Fax (212) 263-7712

HEMATOPATHOLOGY REPORT

PATIENT:	**MCLEAN, HERNAN**	**ACCESSION #:**	**HP-09-03867**
Address:	[redacted]	**Med. Rec. #:**	1782168
	Home:(917)945-5030	**Patient Type:**	Inpatient
Birthdate:	[redacted] **Age:** 51 **Sex:** M	**Date Accessioned:**	11/11/2009
Ref. Physician:	MARY ANN HOPKINS, MD	**Date of Procedure:**	11/10/2009
Copy To:	KENNETH HYMES, M.D.	**Copy To:**	KENNETH HYMES,
	160 EAST 34TH STREET		
	SEVENTH FLOOR		
	NEW YORK NY, 10016		
	Phone: 212-731-5189		
	Fax: 212-731-5540		

DEC 11 2009

SPECIMENS:
1. BRONCHUS, PULMONARY PLUG

DIAGNOSIS:

BRONCHUS, PULMONARY PLUG:
- SQUAMOUS DEBRIS WITH BACTERIAL COLONIZATION AND MUCUS.

SEE MICROSCOPIC DESCRIPTION AND COMMENT.

MICROSCOPIC DESCRIPTION AND COMMENT:
The histologic sections demonstrate mucus and squamous cells. A detached fragment of lymphoid tissue is also identified.

We performed immunohistochemical studies. The immunostain for CD20 stained the lymphoid tissue diffusely and brightly. The immunostains for CD3, CD4 and CD8 highlighted scattered small cells.

The patient has a history of T cell lymphoma. Although the presence of the detached lymphoid tissue fragment raised the possibility of the presence of lymphoma in this specimen, the immunohistochemical staining pattern of the lymphoid tissue is consistent with a B cell lymphoid proliferation and not that of a T cell lymphoma. Therefore the fragment is most likely a floater.

MACROSCOPIC DESCRIPTION:
The specimen is received fresh labeled with the patient's name. It consists of soft, yellow-tan mucoid tissue measuring in toto 2.2x 1.0x 0.8 cm. A portion of the specimen is submitted for flow cytometry analysis; another portion is labeled and snap frozen. The remainder specimen is submitted as 1A.

FLOW CYTOMETRY REPORT

The electronic signature attests that the named Attending Pathologist has evaluated the specimen referred to in the signed section of the report and formulated the diagnosis therein.

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NEW YORK UNIVERSITY HOSPITALS CENTER
Tisch Hospital, Department of Pathology
Hematopathology Laboratory
Molecular Diagnostics Laboratory
560 First Avenue, TH 338, New York, NY 10016
(212) 263-5967, Fax (212) 263-7712

PATIENT: MCLEAN, HERNAN ACCESSION #: HP-09-03867

INTERPRETATION:

- LIMITED SAMPLE WITH NO DEFINITIVE IMMUNOPHENOTYPIC EVIDENCE OF NON-HODGKIN T CELL LYMPHOMA.
- RECOMMEND CORRELATION WITH CYTOLOGIC/HISTOLOGIC PREPARATIONS AND CLINICAL FINDINGS.

CLINICAL HISTORY:
History of T cell lymphoma and cardiac arrest.

VIABILITY AND ANALYSIS:
The specimen has a viability of 100%. The number of cells recovered is less than 0.01×10^6.

IMMUNOPHENOTYPE:
Due to limited nature of the sample a limited panel of markers was tested by flow cytometry. Small number of T cells expressing CD3 is identified. The T-cell population expresses pan-T cell antigens (CD2, CD3, CD5 and CD7) in a non-aberrant fashion. The CD4/CD8 ratio is reduced.

ANTIBODIES TESTED:

T-Cells:
CD2, CD3, CD4, CD5, CD7, CD8

Miscellaneous:
CD45

Flow Cytometry Interpretation performed by
Filiz Sen MD
Electronically signed 11/12/2009 3:15:13PM

Final Diagnosis performed by
Filiz Sen MD
Electronically signed 11/20/2009 4:54:20PM

The electronic signature attests that the named Attending Pathologist has evaluated the specimen referred to in the signed section of the report and formulated the diagnosis therein.

18

Family Member Affidavits

Christian Caleb McLean

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
---------- X

In Re:

TERRORIST ATTACKS ON SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

---------- X
JILL ACCARDI, et al.,

AFFIDAVIT OF CHRISTIAN CALEB McLEAN

Plaintiffs,

21-CV-06247 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.
---------- X

STATE OF GEORGIA)
: SS
COUNTY OF FULTON)

CHRISTIAN CALEB McLEAN, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at [redacted]

2. I am currently 23 years old, having been born on [redacted]

3. I am the son of Decedent, Hernan McLean, upon whose death my claim is based, and submit this Affidavit in connection with the present motion for a default judgment and in support of my solatium claim.

4. My father passed away from Non-Hodgkin's Lymphoma on November 12, 2009, at the age of 51. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. I was one year old when my father passed. I try to remember every possible memory I had with my father. However, because he was taken from me at such a young age, I feel as if I have been cheated.

6. I was only one year old on the day of September 11, 2001, so I cannot recall the events of the day. However, I now know that he was an investigator in the Office of the NYS Department of Corrections Inspector General. He was called to Lower Manhattan to assist in the ongoing rescue and recovery efforts.

7. I was only nine years old when my father was diagnosed with Non-Hodkin's Lymphoma in early 2009. I was young, so I didn't truly understand the significance of what was going on. However, I vividly recall my dad started to go to the hospital frequently. He would pass away later that year on November 12, 2009.

8. My father's death has changed the person that I am. I still get very emotional when I think about his passing. There are times that I can't talk to anyone about it, even my mother.

CHRISTIAN CALEB McLEAN

Sworn before me this
29 day of November 2023
Notary public

Hernan Benjamin McLean

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
---------- X

In Re:

TERRORIST ATTACKS ON SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

---------- X
JILL ACCARDI, et al.,

AFFIDAVIT OF HERNAN BENJAMIN McLEAN

Plaintiffs,

21-CV-06247 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.
---------- X

STATE OF TEXAS)
: SS
COUNTY OF HARRIS)

HERNAN BENJAMIN McLEAN, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at [redacted]

2. I am currently 36 years old, having been born on [redacted]

3. I am the son of Decedent, Hernan McLean, upon whose death my claim is based, and submit this Affidavit in connection with the present motion for a default judgment and in support of my solatium claim.

4. My father passed away from Non-Hodgkin's Lymphoma on November 12, 2009, at the age of 51. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. My father and I had a great relationship when I was young. He was an investigator who worked for the office of the Inspector General of the NYS Department of Corrections. He was also my hero. One fond memory from my youth was flying a kite with him in the park. Another is when he bought a 1996 Mercury Mountaineer. I thought he was before his time when he bought that SUV.

6. At the time of September 11, 2001, my father was employed by the NYS Department of Corrections. He was an investigator in the Office of the Inspector General. Following the attacks, he was called to Lower Manhattan to aid in the rescue and recovery efforts.

7. After experiencing some symptoms in early 2009, my father was formally diagnosed with Non-Hodgkin's Lymphoma in June of 2009. At this point he was retired, and I remember the toll the cancer and treatment had on his health. I remember one day while we were talking, he started throwing up all over the wall. Additionally, once he received chemotherapy, he became very skinny. He also became slow and at certain times unresponsive.

8. My father's passing had a huge effect on my life. My role model was gone, and it was me who had to help with my brothers. Now that I am a father myself, I am left with many questions regarding fatherhood that he can't help me with. Unfortunately, my kids will never get to know their grandfather.

HERNAN BENJAMIN McLEAN

Sworn before me this
23rd day of October, 2023

Notary public

JENNIFER ROMERO RAMIREZ
Notary Public, State of Texas
Comm. Expires 07-30-2025
Notary ID 133242980

Michele McLean

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

---------- X

In Re:

TERRORIST ATTACKS ON SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

---------- X

JILL ACCARDI, et al.,

AFFIDAVIT OF MICHELE McLEAN

Plaintiffs,

21-CV-06247 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

---------- X

STATE OF GEORGIA)
: SS
COUNTY OF FULTON)

MICHELE McLEAN, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at [redacted]

2. I am currently 53 years old, having been born on [redacted]

3. I am the spouse of Decedent, Hernan McLean, upon whose death my claims are based. I submit this Affidavit in support of the present motion for a default money judgment for the claim made on behalf of my husband's estate and for my solatium claim. On February 9, 2010, I was issued Letters Testamentary as Executrix of my husband's estate by the Newton County Probate Court.

4. My husband passed away from Non-Hodgkin's Lymphoma on November 12, 2009, at the age of 51. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. My husband was my mentor, my companion, my best friend, my confidant, and my soulmate. Our lives have been turned upside down ever since the day that he passed away.

6. At the time of September 11, 2001, Hernan was an investigator for the New York State Department of Corrections. On the morning of September 12, 2001, he began participating in the ongoing recovery efforts at Ground Zero. He would transport remains discovered there and take them to the morgue. He would continue to do this until December 23, 2001.

7. From the very first day that he was in the Exposure Zone, Hernan complained about a burning sensation, coughing, and upset stomach. He even filed an employee injury report in 2002 to that effect. Furthermore, he had terrible nightmares and a decreased appetite. In June of 2009, Hernan was diagnosed with Non-Hodgkin's Lymphoma at the NYU Clinical Cancer Center. He would pass away shortly thereafter on November 12, 2009. It seemed as soon as he was diagnosed, he was taken from us.

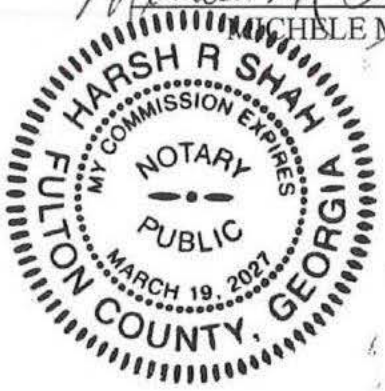
8. The void that my husband's death left is large such that I am empty inside.

MICHELE McLEAN

Sworn before me this

14 day of Sept, 2023

Notary public



Marcia McLean-Sastri

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
---------- X

In Re:

TERRORIST ATTACKS ON SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

---------- X

JILL ACCARDI, et al.,

AFFIDAVIT OF MARCIA McLEAN-SASTRI

Plaintiffs,

21-CV-06247 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

---------- X

STATE OF NEW YORK)
: SS
COUNTY OF ROCKLAND)

MARCIA McLEAN-SASTRI, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at 9 [redacted]

2. I am currently 72 years old, having been born on [redacted]

3. I am the sister of Decedent, Hernan McLean, upon whose death my claim is based, and submit this Affidavit in connection with the present motion for a default judgment and in support of my solatium claim.

4. My brother passed away from Non-Hodgkin's Lymphoma on November 12, 2009, at the age of 51. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. I loved my brother. He was my only brother. He was also an investigator with the office of the New York State Inspector General. He was my confidant; he was always there for me. We loved to fish and go horseback riding, and he loved cooking.

6. I remember everything about the awful day of September 11, 2001, I worked in the area and I had to run for my life when the first tower came down. There was smoke and debris coming toward Broadway. My brother responded to Ground Zero on September 12, 2001, for about six months. He was sent by his employer, the office of the New York State Inspector General, to help with the efforts to clean up and look for dead bodies. Six months into the assignment, he asked to be removed from the task as he was feeling sick, was unable to sleep, and was having nightmares.

7. My brother started experiencing symptoms of diarrhea in early February of 2009. In April of that year, he was hospitalized twice for renal problems. I remember him telling me that one of his doctors said that his lungs were full of pulverized glass. In May, he started seeing a gastroenterologist and after receiving inadequate treatment, he went to NYU Langone's Tisch Hospital in June. He was diagnosed with lymphoma. In the months that followed, he slowly declined, and it was discovered that he had a hole in his intestine. Following his diagnosis, his quality of life changed completely. He could no longer do the things that he loved, and he was never the same. He spent all his time going to and from the hospital and was very physically drained by his treatment. Furthermore, he didn't have the time, energy, or inclination to do the things that he used to love doing. He used to love riding his bike, gardening, and cooking, but all of this stopped after he was diagnosed with lymphoma. Towards the end, he was almost completely bedridden with pain. He was hospitalized in October 2009 with hopes of further treatment, but sadly passed away shortly after on November 12, 2009.

8. Coping with the death of a loved one is very difficult and painful process. I am sad, upset, frustrated, and lost. They say that "grief is a universal experience", but I am still grieving.

MARCIA McLEAN-SASTRI

Sworn before me this
11th day of JULY, 2023

Notary public

Hyukjong Lee
State of New Jersey
Notary Public
Commission No. 50169466
My Commission Expires 8/23/2026

07/11/2023